

| MEDICAL RECORD | | CHRONOLOGICAL RECORD OF MEDICAL CARE | | |
|------------------------------|---|---|--------------|----------------------------------|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) | | | |
| 11-1-03 | <p>③ Emergency → called to UNICOR by LT Glenn.</p> <p>2015 1m 90° abdominal pain, profuse sweating, many episodes of vomiting. See J. Glenn's SOAP note earlier today (11-1-03 1240)</p> <p>No complaints of chest pain</p> | | | |
| | <p>④ 1m in UNICOR on stretcher. Not very responsive. Sweating profusely. Does not respond 100% to vocal commands. Later on: 1m awake & fully responsive</p> <p>T = 97.7°F HR = 60 BP = 113/72 SaO₂ = 99%</p> <p>ECGs, serial: multiple abnormalities, including possible A fib, A flutter "LVH" Anterior 2 leads Consider Anteroseptal infarct Incomplete ③ Bundle branch block</p> | | | |
| | <p>⑤ Abnormal ECG findings. Abd pain; N/V; Diaphoresis.</p> <p>⑥ 1. consulted Dr. Olson: Send 1m out 2. 1m sent by paramedics/ambulance to BRMC 3. BRMC ER notified.</p> | | | |
| | REVIEWED BY: | <p>H. BEAM, MD FCI McKEAN</p> <p><i>Labro</i> Steven Labrozzi, PA-C Physician Assistant</p> | | |
| 11-2-03 1600 | <p>ADMIN NOTES: 1m returned from ER last night after 11 pm. ER report not yet available to duty PA's. Per LT's office: ECGs in ER were normal. 1m treated for adverse drug reactions. Penicillin + Flagyl confiscated & submitted to Pharmacy. Dr. Collins notified & acted to check 1m & devise new tx plan. IDLE given that midnight 11-3-03</p> | | | |
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | REVIEWED BY: | REGISTRATION NUMBER 40428-053 |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | WARD NO. | H. BEAM FCI |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 800 (REV. 6-97)
Prescribed by GSA/CMR
FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD | | CHRONOLOGICAL RECORD OF MEDICAL CARE | |
|---------------------------------|---|--------------------------------------|--|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | | |
| | Check back Surgical consult RIA | | |
| 10/28/03 1430 | SI 39400 - in good condition - saw Dr. Shabani, Surgeon yesterday who believes hernia needs to be fixed, a mesh plug will be used ↑ 1 m horizontal tooth which should be quieted down before surgery | | |
| | T96.8 BP 110/80 P(60) NKA | | |
| 07 | Dentist: Allen R upper incisor Tooth is filled & good. | | |
| | Hernia (R) not examined today | | |
| | A1 Abcessed tooth; R ing hernia | | |
| | P) PT ed-med capsular, Plan for TX Pan VIK 500 mg i/p o.d #40 PFT metronidazole 250 mg i/p o.d #30 PFT CB 1ms i. PCN sign obstruction & dental F/U | | |
| Reviewed By: V. Geza, PharmD | | | |

| | | | | |
|---|------------|-------------------------|--|----------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT | |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | H. BEAN MD J. C. MCKEEAN MD REVIEWED BY DR. McKEAN | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | | | REGISTER NO. | WARD NO. |
| | | | 40428-053 | |

Anthony Allen

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------|--|
| 11/1/03 | (S) Admin. Note - called by visit Officer inmates states can't come to HSV "too ill"; officer states inmate was walking around earlier & problem. Brought inmate to HSV for exam via ambulance (catt) inmate states had stomach pain earlier now at this time ambulates & problem pain 2 on 1-10 scale, vomited (S) NAD 976-70-16 11877 abd. soft, non-tender (S) BS Taking flagyl & PCN at this time (A) Abd. discomfort 2° to antibiotic use (P) 1) DIC Flagyl east-PCN 2) A fluid 3) 4/10 11/3/03 such call J Glean FNP-C J Glean FNP-C |

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| | | | |
|------------------------------|------------|-------------------------|-------------------------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT FCI McKean |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

REGISTER NO. 494428-052

WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
GIRM-B (61-CER) 201.2-202.1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| | | | |
|---|------------|-------------------------|-------------------------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT FCI McKean |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | | | REGISTER NO. 41428-052 |
| | | | WARD NO. |

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine

() Lipid () Pulmonary () Mental () Neurology () Ortho () General

() Other: HTN PFTs *Pinguin Henia*

1/22/03 SUBJECTIVE: (Chief Complaint)

1/24/03 Having hernia/belt but the hernia won't stay reduced. Has lots of pain also c/o hernia/belt c/o constipation

OBJECTIVE: (Review System) Age: 39 Sex: Male Race: African American

B/P: 116/80 P: 70 Wt: 201 T: R/R: S02%: Last Op/Ophth. Eval:

HEENT: OTC

Heart: DPO

Lungs: Clean

Abdomen: Soft/BSF

Genital/Rectal:

Extremities:

Neuro:

Recent Lab Results:

ASSESSMENT(S): HTN Pinguin Henia only partially reducible - hernia/belt follicular

Preventative Care: Diet water diet Exercise walks a lot

Tobacco NO.

Medication Side Effects: S

| OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---------------------|--------|-----------------|-----------------------|
| | | | FCI McKean |
| | | | |

| IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO. |
|---|--------------|----------|
| | 40428-053 | |

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 8004REV. 6-97
Prescribed by GSA/ICMR
FMRM (41 CFR) 201-8.202-1

Anthony Allen

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) | | | | | | | | | | |
|------|--|---|---|---|---|---|---|---|---|---|----|
| | Pain Level: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | PLAN: | | | | | | | | | | |
| | Patient Education: | | | | | | | | | | |
| | (<input checked="" type="checkbox"/>) Etiology, Complications, Prognosis, Prevention (<input type="checkbox"/>) Diet, Diabetic/Cardiac/ | | | | | | | | | | |
| | Disease, Lifestyle Changes (<input type="checkbox"/>) No Smoking (<input type="checkbox"/>) Medication Dosage/Administration/ | | | | | | | | | | |
| | Compliance/Side Effects (<input checked="" type="checkbox"/>) Patient Understood Topics (<input checked="" type="checkbox"/>) Instructed if problems | | | | | | | | | | |
| | or if running out of medication, should sign up for sick-call or send cop out. | | | | | | | | | | |
| | Diagnostic Studies: (<input type="checkbox"/>) CBC/Diff (<input type="checkbox"/>) U/A (<input type="checkbox"/>) LFT (<input type="checkbox"/>) Chem Profile (<input type="checkbox"/>) Lipids (<input type="checkbox"/>) HgA | | | | | | | | | | |
| | (<input type="checkbox"/>) PSA (<input type="checkbox"/>) Viral Load (<input type="checkbox"/>) CD4 (<input type="checkbox"/>) Toxo IgG. (<input type="checkbox"/>) Hepatitis Panel | | | | | | | | | | |
| | (<input type="checkbox"/>) CXR (<input type="checkbox"/>) EKG (<input type="checkbox"/>) Others: | | | | | | | | | | |
| | Consultations: (<input type="checkbox"/>) Optometrist (<input type="checkbox"/>) Ophthalmologist (<input type="checkbox"/>) Orthopedic Surgeon | | | | | | | | | | |
| | (<input type="checkbox"/>) Others: <u>ultra review</u> | | | | | | | | | | |
| | Referral for Vaccination: (<input type="checkbox"/>) Influenza (<input type="checkbox"/>) Pneumococcal (<input type="checkbox"/>) Other: | | | | | | | | | | |
| | Return to Clinic for routine Follow-Up on: <u>3 mos</u> | | | | | | | | | | |
| | Treatment(s): | | | | | | | | | | |
| | <u>Fiber tabs > ps 1/2 bid # 90 RF 2</u> | | | | | | | | | | |
| | <u>Hydrocodone Syrup 1/2 Bid # 20 RF 2</u> | | | | | | | | | | |
| | <u>Bacitracin oint 1/4 bid # 1 RF 2</u> | | | | | | | | | | |
| | <u>Steven Labrozzi, RPh</u> | | | | | | | | | | |
| | <u>Pharmacist</u> | | | | | | | | | | |
| | <u>H. BEAM, MD</u> | | | | | | | | | | |
| | <u>FCI MCKEAN</u> | | | | | | | | | | |

HYPERTENSIVE CLINIC

Subjective Findings:

a. Medical complaints or concerns of patient:

10/23/03 39yo feell well C/ohemia P Dignes
for 7 years never had hemi well

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of smoking: no
2. Diet: water diet
3. Activity: daily

4. Medications:

(1) Drug side effects:

(2) Drug interactions:

5. Patient Compliance with Therapeutic Regimen:

c. Impact of Condition on Activities of Daily Living:

d. Need for special accommodations:

Objective Findings:

a. Temp: Pulse: 40

Resp: BP: 134/80 Weight: 202

b. Endoscopic Examinations:

Thick, Dull Vessels

Localized or Generalized

(Copper Wire)

Narrowing of Arterioles

Present

Absent

Present

Absent

A-V Nicking

Flame Shaped Hemorrhages

Present

Absent

Present

Absent

Cotton-wool patches

Optic Disk Swelling

Present

Absent

Present

Absent

15. IDENTIFICATION (Use this space for
imprint)RECORDS
MAINTAINED
AT:

P.M. MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

400128-053

ORGANIZATION

DEPT./SERVICE

ID/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 100 (Rev. 5-64)
Prescribed by DCA and ICMR
FEDERAL (41 CFR) 101-45.505

Anthony Allen

SYMPTOMS, DIAGNOSES, TREATMENT, AND PROGNOSIS (List in order seen)

Cardiac Examination:

Labs Aortic Second Sound

Present

Absent

Left Ventricular Force

P.M.

1 sec

large demand side

Ejection Click

Present

Absent

P post-stolic Gallop

Present

Absent

d. Lungs: Clear

Whistles

P.M.

Kronch

P.M. long not coupled

overble

but non-tender

e. Thyroid Gland:

f. Diagnostic Studies

Result

Date of Exam

CBC

WNL Abnormal

slightly elevated

UA

WNL Abnormal

of ST elevated

SMA 2D

WNL Abnormal

good

Lipids

WNL Abnormal

ECG

WNL Abnormal

CXR

WNL Abnormal

Assessments:

a. Diagnosis: No evidence of chronic disease

b. Disease Progression or Complications: GURST

c. Therapeutic Efficacy: (R)ing hammer not totally reliable

Plan:

a. Medications:

Reviewed by: [Signature] V. Geza, PharmD

Hemia fist

reliable

CIM 4.1g - 8/07/04/15 R20

b. Next Diagnostic Studies Due:

c. Return to Clinic: 3 mo - hemia check

d. Patient Education: (Check Topics Discussed)

 Complications of Hypertension Diet Exercise Avoidance of Tobacco Therapeutic Compliance Drug Interactions Terminal

100 Better

H. BEAM, MD
FCI MCKEAN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) |
|--|---|
| 7/15/02 0905 | S: DS here to request BP +, Urine + + Urinary fungus O: BP 116/78. Chest x-ray negative. Rate 72. Pst - faecals = 2 + 5 on bil. feet discolored & hypertrophic. a: Onychomycosis P: Iahapile so. = 1. Apply to all bid + 2R Nas: Bipro Ruffle. Reduce White caloril in old. will. Use medic as directed. RTIC prn. Pt unctd. and ✓ <i>Gracia Fairbanks PA</i> |
| reviewed by D. Olson, MD Date 7/15/02 | |
| GRACIA FAIRBANKS Physician Assistant | |
| 10/30/02 1300 | Admin. Note - inmate suggests gas pills until each call apt. RX simethicone tabs # po QID prn #30 w/r |
| 10/31/02 C. Ge Name: Violetta Geza, PharmD, RPh Chief Pharmacist | <i>J. Glenn FNP-C</i> D. GLENN, FNP-C FCI MCKEAN |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|------------------------------|------------|-------------------------|-----------------------|
| | | | FCI McKean |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |
| | | | |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

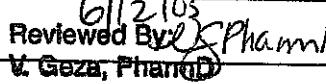
WARD NO.

Allen Anthony
440428-CSB

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) |
|---------|--|
| 12/4/02 | <p>① c/o dry nose, and H/A x 2 lwh. Taxis 1030 3m 1-10 scale.</p> <p>② NAD & sinus tenderness nose - clear drainage, pink membranes throat - erythema & exudate lungs - CTA & wheeze</p> <p>③ sinus pressure / H/A</p> <p>④ 1) CTM 4mg 1 po TID prn #154R 2) Tylenol 500mg 1/2 po TID prn #20 NF 3) O/N Advil 4) Educated on Rx, plans of care & F/D 5) F/D prn (sick call)</p> |
| 12/5/02 | <p>Urga Pharm Violette Geza, PharmD, RPh</p> <p></p> <p>Chief Pharmacist</p> <p>J. GLENN FMP-C</p> |
| 6/12/03 | <p>52 C6 hemmoroids,</p> <p>0850 States gets them off and on. States that the suppositories work best.</p> <p>① NAD BP Diet deferrals, rest of exam and A. hemmoroids</p> <p>② Colocation - diet - pt understands</p> <p>③ Rx PRN</p> <p>④ Amiral HC supp insert 1 rectally BID before #12 R-O</p> <p> Eric Asp PA-C</p> |
| | <p>6/12/03 Reviewed By  V. Geza, PharmD</p> |

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 40428-053
 Name : ALLEN, ANTHONY
 Location : FCI MCKEAN (MCK)
 Admit. Physician: BEAM, MD
 Order. Physician: BEAM, MD
 Collected : 08/04/04 @ 06:25 by: REFE

Age : 40yr
 Sex : M
 Room :
 Accession Number : 2701

| Test | Result | Flag | Reference Range/Units | Tech |
|------------------|---------|------|---------------------------|-------|
| Collection Cmt. | Fasting | | | RY |
| COMP. METABOLIC | | | | |
| Glucose | 81 | | 70 - 110 mg/dL | KS TE |
| Urea Nitrogen | 10 | | 7 - 22 mg/dL | KS TE |
| Creatinine | 1.2 | | 0.6 - 1.6 mg/dL | KS TE |
| Sodium | 142 | | 137 - 148 mmol/L | KS TE |
| Potassium | 4.2 | | 3.5 - 5.0 mmol/L | KS TE |
| Chloride | 104 | | 99 - 114 mmol/L | KS TE |
| Calcium | 9.1 | | 8.5 - 10.9 mg/dL | KS TE |
| Total Protein | 7.8 | | 6.0 - 8.2 g/dL | KS TE |
| Albumin | 4.2 | | 3.6 - 5.1 g/dL | KS TE |
| Alkaline Phos. | 92 | | 41 - 133 U/L | KS TE |
| AST (SGOT) | 33 | | 11 - 55 U/L | KS TE |
| Total Bilirubin | 1.1 | | 0.2 - 1.3 mg/dL | KS TE |
| Cholesterol | 164 | | 140 - 200 mg/dL | KS TE |
| ALT (SGPT) | 37 | | 11 - 66 U/L | KS TE |
| CBC | | | | |
| White Blood Cell | 6.0 | | | |
| Red Blood Cells | 5.02 | | 4.3 - 11.1 10^3 /uL | RS RY |
| Hemoglobin | 15.5 | | 4.46 - 5.78 10^{-6} /uL | RS RY |
| Hematocrit | 46.9 | | 13.6 - 17.6 g/dL | RS RY |
| MCV | 93.3 | | 40.2 - 51.4 % | RS RY |
| MCH | 30.8 | | 82.5 - 96.5 fL | RS RY |
| MCHC | 33.0 | | 27.1 - 34.3 pg | RS RY |
| RDW | 12.6 | | 33.0 - 35.0 g/dL | RS RY |
| PLT | 220 | | 12.0 - 14.0 % | RS RY |
| MPV | 10.3 | | 130 - 374 10^{-3} /uL | RS RY |
| AUTODIFF | | | 6.9 - 10.5 fL | RS RY |
| Neutrophils | 35.6 | LO | 43.0 - 67.0 % | RS RY |
| Lymphocytes | 50.1 | HI | 21.0 - 45.0 % | RS RY |
| Monocytes | 10.9 | | 5.0 - 13.0 % | RS RY |
| Eosinophils | 3.2 | | 0.0 - 7.0 % | RS RY |
| Basophils | 0.2 | | 0.0 - 1.0 % | RS RY |
| Neutrophil # | 2.1 | | 1.9 - 6.7 10^{-3} /uL | RS RY |
| Lymphocyte # | 3.0 | | 1.3 - 3.7 10^{-3} /uL | RS RY |
| Monocyte # | 0.7 | | 0.3 - 1.1 10^{-3} /uL | RS RY |
| Eosinophil # | 0.2 | | 0.0 - 0.5 10^{-3} /uL | RS RY |

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : ALLEN, ANTHONY
 Register Number : 40428-053
 Printed : 08/06/2004 @ 09:06

REVIEWED BY : *REVIEWED BY*
 Location : MCK
 Page : 1 of 2

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Number : 40428-053 Age : 40yr
: ALLEN, ANTHONY Sex : M
: FCI MCKEAN (MCK) Room :
Physician: BEAM, MD Accession Number : 2701
Physician: BEAM, MD
: 08/04/04 @ 06:25 by: REFE

Result 0.0 Flag Reference Range/Units Tech 0.0 - 0.1 $10^{-3}/\mu\text{L}$ RS RY

HI=High AH=Alarm High EH=Elevated High AB=Abnormal

: ALLEN, ANTHONY
: 40428-053
: 08/06/2004 @ 09:06

REVIEWED BY: *W. Beam* 9/30
Location: MCKEEAN
Page: 2 of 2

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== FINAL REPORT =====

Register Number: 40428-053

Name : ALLEN, ANTHONY

Location : S03

Physician : DR. HARE

Collection Date: 12/29/2003

Collection Time: 12:01

Tests : MHATP

Ordered:

Age : 39

Sex : M

Accession Number: 4219

"X" if Complete: [X]

| Test Name | Result | Flag | Reference Range | Tech |
|-----------|--------|------|-----------------|------|
|-----------|--------|------|-----------------|------|

Collection Cmt.

RPR 1:1

Non-Reactive

NR

JERRY

-- End of Laboratory Report --

Allen, Anthony
 40428-053

FCI McKean
 P.O. Box 5000
 Bradford, PA 16701

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY *Dr. Beam* MD DATE *Allen 8/15/04* LAB. ID NO.

REMARKS

S. Czekai, Med Tech.

| TEST(S) SPECIMEN TAKEN | DATE | TIME | RESULTS | REQUESTED | ROUTINE | COLOR | SPECIFIC GRAVITY | URIBILINOGEN | OCULT BLOOD | BILE | KETONES | GLUCOSE | PROTEIN | pH | MICROSCOPIC | WBC | RED BLOOD CELLS | WHITE BLOOD CELLS | LEUCOCYTES | U. C. ASIS | RBC | LEUCINE | CRANULAR | BACTERIA | CRYSTALS | MUCUS | SPERM | HAIR | HAEMOSIDERIN | BENCE-JONES | PROTEIN | HCG |
|------------------------|---------|------|---------------|-----------|---------|-------|------------------|--------------|-------------|------|---------|---------|---------|-----|-------------|-----|-----------------|-------------------|------------|------------|-----|---------|----------|----------|----------|-------|-------|------|--------------|-------------|---------|-----|
| 8/24/04 | 7/20/04 | AM | Yellow/Cloudy | 1.025 | Normal | Neg | Neg | Neg | Neg | Neg | trace | Neg | Neg | 5.5 | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | Neg | |

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

40428-053

WARD NO.

LABORATORY REPORTS

Standard Form 514

Prescribed by GSA/CMR
 FIRMR (41 CFR) 201-45.05
 October 1975 514-108

GPO : 1996 O - 169-817

Allen, Anthony

| | |
|----------------------------------|--|
| SPECIMEN/LAB RPT NO | |
| URINALYSIS | |
| URGENCY | PATIENT STATUS |
| <input type="checkbox"/> ROUTINE | <input type="checkbox"/> BED <input type="checkbox"/> AMB. |
| <input type="checkbox"/> TODAY | <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP... <input type="checkbox"/> DOM |
| <input type="checkbox"/> PRE-OP | SPÉCIMEN SOURCE |
| <input type="checkbox"/> STAT | <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> OTHER (Specify) |
| PATIENTS MED. RECORD | |

550-107
 Standard Form 550 (Rev. 4-77)
 General Services Administration and Emergency
 Committee on Medical Records FIRMR (41 CFR) 201-45.05

MISSOURI MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

MC 6-1

===== F I N A L R E P O R T =====

Register Number: 40428-053

Age : 39

Name : ALLEN, ATHONY

Sex : M

Location : S03

Accession Number: 2535

Physician : ALBURQUERQUE P. A.

"X" if Complete : [X]

Collection Date: 12/22/2003 *AM*

Collection Time: 06:50

Tests : KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR

Ordered:

| Test Name | Result | Flag | Reference Range | Techn |
|------------------|------------------------------|---------------------|-----------------|-------|
| Collection Cmt. | Drawn by PB New Admit Lab | | | |
| KOD. PANEL | | | | |
| Glucose | 81 | mg/dL | 70 - 110 | SY RY |
| Urea Nitrogen | 8 | mg/dL | 7 - 22 | SY RY |
| Creatinine | 1.3 | mg/dL | 0.6 - 1.6 | SY RY |
| Uric Acid | 5.7 | mg/dL | 3.7 - 8.6 | SY RY |
| Sodium | 141 | mmol/L | 137 - 148 | SY RY |
| Potassium | 4.0 | mmol/L | 3.5 - 5.0 | SY RY |
| Chloride | 103 | mmol/L | 99 - 114 | SY RY |
| Phosphorus | 3.2 | mg/dL | 2.5 - 4.5 | SY RY |
| Calcium | 8.7 | mg/dL | 8.5 - 10.9 | SY RY |
| Total Protein | 6.7 | g/dL | 6.0 - 8.2 | SY RY |
| Albumin | 3.8 | g/dL | 3.6 - 5.1 | SY RY |
| Alkaline Phos. | 83 | U/L | 41 - 133 | SY RY |
| AST(SGOT) | 28 | U/L | 11 - 55 | SY RY |
| LDH | 439 | U/L | 354 - 705 | SY RY |
| Total Bilirubin | 0.80 | mg/dL | 0.20 - 1.30 | SY RY |
| Cholesterol | 144 | mg/dL | 140 - 200 | SY RY |
| Triglycerides | 90 | mg/dL | 30 - 200 | SY RY |
| Carbon Dioxide | 29 | mmol/L | 22 - 30 | SY RY |
| A/G Ratio | 1.31 | | 1.00 - 2.30 | TX RY |
| Globulin | 2.9 | | 2.0 - 3.7 | TX RY |
| TSH | 4.02 | uIU/mL | 0.30 - 7.00 | SY RY |
| CBC | | | | |
| White Blood Cell | 6.3 | 10 ³ /uL | 4.3 - 11.1 | WL RY |
| Red Blood Cells | 4.82 | 10 ⁶ /uL | 4.46 - 5.78 | WL RY |
| Hemoglobin | 14.7 | g/dL | 13.6 - 17.6 | WL RY |
| Hematocrit | 44.9 | % | 40.2 - 51.4 | WL RY |
| MCV | 93.1 | fL | 82.5 - 96.5 | WL RY |
| MCH | 30.6 | pg | 27.1 - 34.3 | WL RY |
| MCHC | 32.8 | g/dL | 33.0 - 35.0 | WL RY |
| RDW | 12.1 | % | 12.0 - 14.0 | WL RY |
| PLT | 250 | 10 ³ /uL | 130 - 374 | WL RY |
| MPV | 8.9 | fL | 6.9 - 10.5 | WL RY |
| MANUAL DIFF | | | | |

Name : ALLEN, ATHONY

Doctor : ALBURQUERQUE P. A.

Register# : 40428-053

Location: S03

Printed : 12/22/2003 @ 13:45

.....

Sensitive L. O. U.

[Signature]

Medical Center for Federal Prisoners
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 40428-053

Name : ALLEN, AHTHONY

Location : S03

Physician : ALBURQUERQUE P. A. *AK*

Collection Date: 12/22/2003

Collection Time: 06:50

Tests : KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR

Ordered:

Age : 39

Sex : M

Accession Number: 2535

"X" if Complete

| Test Name | Result | Flag | Reference Range | Tech |
|----------------------|---|------|-----------------|-------|
| Neutrophils | 39 | LO | % | WL RY |
| Lymphocytes | 43 | HI | % | WL RY |
| Monocytes | 11 | HI | % | WL RY |
| Eosinophils | 5 | HI | % | WL RY |
| Basophils | 2 | HI | % | WL RY |
| Morphology | Platelets Appear Adequate Hypochromia 1+ | | | WL RY |
| ROUTINE URINE | | | | |
| Color | Yellow | | | KS RY |
| Appearance | Clear | | | KS RY |
| Glucose | Negative | | | KS RY |
| Bilirubin | Negative | | | KS RY |
| Ketone | Negative | | | KS RY |
| Specific Gravity | 1.020 | | | KS RY |
| pH | 6.5 | | 5.0 - 8.0 | KS RY |
| Protein | Negative | | | KS RY |
| Urobilinogen | 0.2 | | 0.2-1.0 | KS RY |
| Nitrite | Negative | | | KS RY |
| Blood | Negative | | | KS RY |
| Leuk. Esterase | Negative | | | KS RY |
| RPR | Non-Reactive | | NR | KS RY |

-- End of Laboratory Report --

Name : ALLEN, AHTHONY
 Register #: 40428-053
 Printed : 12/22/2003 @ 13:45

Doctor : ALBURQUERQUE P. A.
 Location: S03
 Sensitive L. O. U.

U.S. BUREAU OF FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 40428-053
 Name : ALLEN, AHTHONY
 Location : S03 *AA*
 Physician : ALBURQUERQUE P. A.
 Collection Date: 12/22/2003
 Collection Time: 06:50
 Tests : HBsAg; HBsAb; HBcAb; Anti-HCV
 Ordered:

Age : 39
 Sex : M
 Accession Number : M
 "X" if Complete : 2536
 [X]

| Test Name | Result | Flag | Reference Range | Test |
|-----------------|------------------------------|------|-----------------|-------|
| Collection Cmt. | Drawn by PB New Admit Lab | | | |
| HBsAg | Negative | | Negative | SY RY |
| HBsAb | Negative | | Negative | SY RY |
| HBcAb | Negative | | Negative | SY RY |
| Anti-HCV | Negative | | Negative | SY RY |

-- End of Laboratory Report --

Name : ALLEN, AHTHONY.
 Register #: 40428-053
 Printed : 12/22/2003 @ 14:38

Doctor : ALBURQUERQUE P. A.
 Location: S03
 Sensitive L. O. U. *JK*

ST. MARY'S MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

Page: 1

===== F I N A L R E P O R T =====

Register Number: 40428-053

Age _____
 Sex : 39
 Accession Numbr. : M
 "X" if Complete: 2537
 [X]

Name : ALLEN, AHTHONY

Location : S03

Physician : ALBURQUERQUE P. A.

Collection Date: 12/22/2003

Collection Time: 06:50

Tests : HIV

Ordered:

PK

| Test Name | Result | Flag | Reference Range | T |
|-----------|--------|------|-----------------|---|
|-----------|--------|------|-----------------|---|

Collection Cmt. Drawn by PB

HIV New Admit Lab

Negative

NR

SY C.

DO NOT REMOVE REPORT FROM PATIENT CHART

-- End of Laboratory Report --

Name : ALLEN, AHTHONY
 Register #: 40428-053
 Printed : 12/23/2003 @ 15:19

Doctor : ALBURQUERQUE P. A.
 Location: S03
 Sensitive L. O. U.

PK

U. S. Medical Center for Federal Prisoners
 Laboratory, 1900 W. Sunshine
 Springfield, Missouri 65808
 417-862-7041 Ext. 454

Patient: ALLEN, ANTHONY
 Register No: 40428-053
 Location: S03
 SENSITIVE L.O.U.

Doctor: ALBURQUERQUE P.A.
 DOB: 5 -2 -1964
 Sex: M

HIV SCREENING

The above patient has tested NEGATIVE for the Human Immunodeficiency Antibody (HIV).

Projected Release Date: _____

The above inmate has tested POSITIVE for the Human Immunodeficiency Antibody (HIV).

Per Bureau of Prisons policy, this inmate has received repeat Human Immunodeficiency Antibody testing and confirmatory antibody testing.

Initial HIV Specimen Date: _____ Result: _____

Repeat HIV Specimen Date: _____ Result: _____

Western Blot Date: _____ Result: _____

Laboratory Comments:

PEND = PENDING
 NEG = NEGATIVE
 POS = POSITIVE
 UNK = UNKNOWN

Date Drawn:

12/22/03

Test Completion Date

12/22/03

Performed by

Reviewed by:

A

2537

40428053

27-Oct-2004 08:49:22

ALLEN
Male

Operator: JTF

FCI MC KEAN

NORMAL SINUS RHYTHM, RATE 68.....normal P axis, PR, rate & rhythm

QTc 372

--A X I S--
D 71

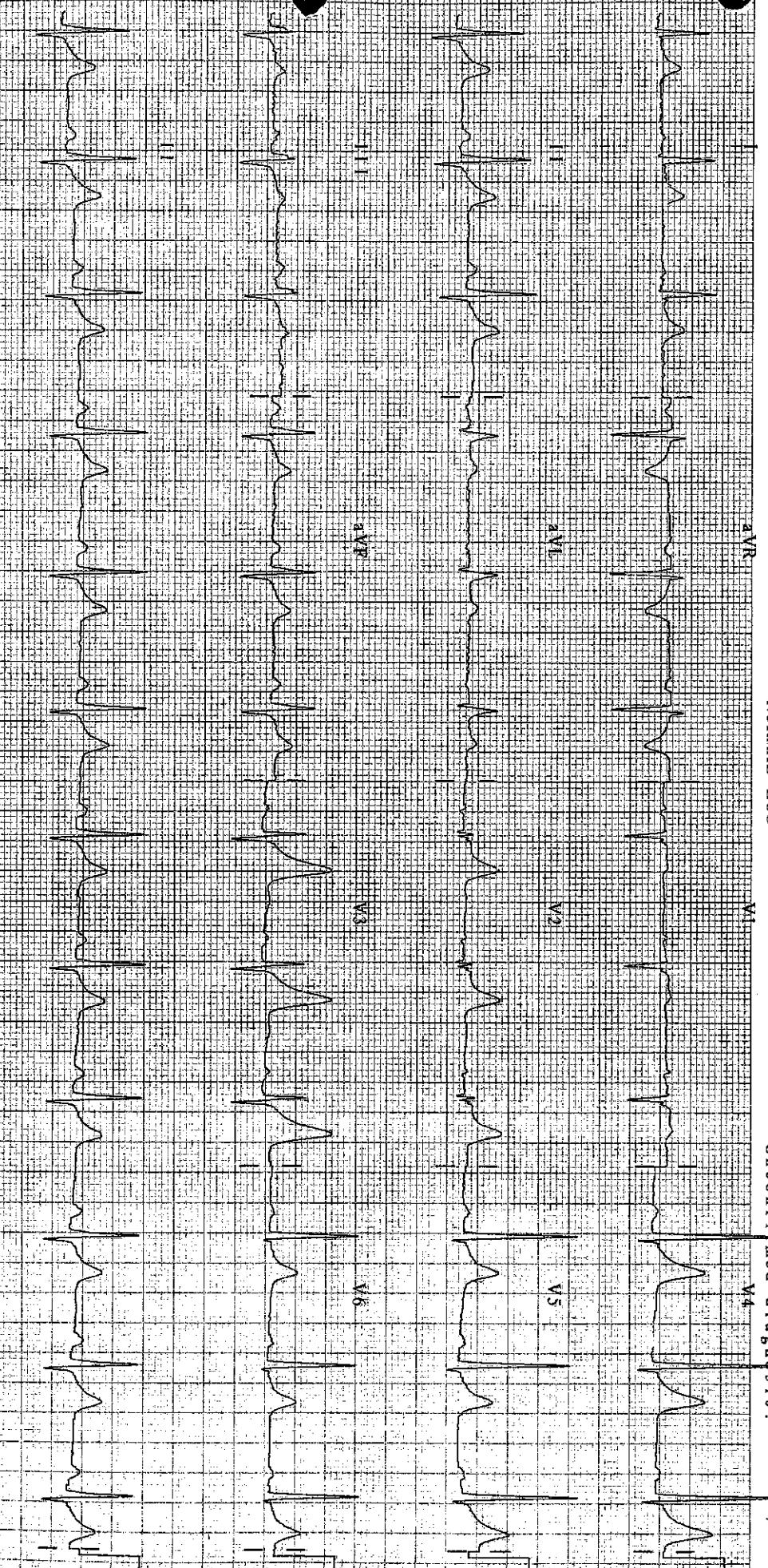
T 45 23

11

NORMAL ECG =

200

Reviewed by D. Olson, MS
Date: 10/28/04



BRADFORD REGIONAL
MEDICAL CENTER
EMERGENCY
DEPARTMENT

| | | | | | | | |
|---|--------------------------------|----------------------------|-------------------|-----------------------|---------------------|----------------------|--|
| FIN. CL. | ADMIT BY | TIME | NAME OF AMBULANCE | AGE | | | |
| 4361609 | 11 KRY | 11/01/03 CERT | 21:19 AMBL | 05/02/84 39 | | | |
| PATIENT MIDDLE NAME SEX (M/F) RACE SOCIAL SECURITY NO. | | | | | | | |
| ALLEN ANTHONY | | | M | B | | | |
| PATIENT ADDRESS | CITY | STATE | ZIP CODE | COUNTY | A/C TELEPHONE NO. | ACCIDENT DATE & TIME | CODE |
| B'DX 500 | BRADFORD | PA | 18701 | MCK | 814 362-8900 | 11/01/03 09:00pm | 11 |
| GUARANTOR NAME | | GUARANTOR ADDRESS | | | GUARANTOR TELEPHONE | | GUARANTOR SS# NO. |
| FCI MCKEAN | | BOX 500 BRADFORD, PA 16701 | | | 814 362-8900 | | |
| EMERGENCY CONTACT NAME/NEAREST RELATIVE | | RELATIONSHIP | | ADDRESS | | | EMERGENCY TELEPHONE |
| FCI MCKEAN | | GUARDIAN | | BRADFORD, PA 16701 | | | 814 362-8900 |
| EMPLOYER OF PATIENT | EMPLOYER ADDRESS | | | | EMPLOYER TELEPHONE | | NOTIFIED: <input type="checkbox"/> POLICE <input type="checkbox"/> CORONER <input type="checkbox"/> RELATIVE TIME: _____ |
| FCI MCKEAN INM | PO BOX 5000 BRADFORD, PA 16701 | | | | 814 362-8900 | | |
| EMPLOYER OF GUARANTOR | EMPLOYER ADDRESS | | | | EMPLOYER TELEPHONE | | |
| FCI MCKEAN INM | PO BOX 5000 BRADFORD, PA 16701 | | | | 814 362-8900 | | |
| INSURANCE NAME | SUBSCRIBER NAME | | REL | POLICY/CERTIFICATE ID | | GROUP NO. | |
| FCI MCKEAN INMATE | MCKEAN,FCI | | GU | INMATE # 40428 | | | |
| REFERRING PHYSICIAN | | P/M | SERVICE | E.R. P | | | |
| DR. GLENN IRWIN | | E | EMERGE | | | | |
| FAX NO. | FAMILY PHYSICIAN | | | PPE CERTIFICATION | | | |
| ADM DIAG | DRUG DESC | | | | | | |
| Nursing Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No Patient Transported to <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Patient is able to sign <input type="checkbox"/> Yes <input type="checkbox"/> No Family Member Available <input type="checkbox"/> Yes <input type="checkbox"/> No Please route family to the Admitting Office | | | | | | | |
| Comments | | | | | | | |
| <input type="checkbox"/> OP Discharged <input type="checkbox"/> IP Admission <input type="checkbox"/> MEDICAL RECORD Admitting Physician: _____ Please do not admit to "Covering" phy. Admitting Diagnosis: _____ Room Number: _____ Status: <input type="checkbox"/> Inpatient Admit <input type="checkbox"/> Telemetry <input type="checkbox"/> Isolation <input type="checkbox"/> Infection <input type="checkbox"/> O2 Needs <input type="checkbox"/> Patient Request Private <input type="checkbox"/> Outpatient - SDS <input type="checkbox"/> Outpatient - Observation | | | | | | | |
| 99284 10/17/03 1) 787,03 2) 558,9 | | | | | | | |

AUTHORIZATION TO RELEASE INFORMATION - I hereby authorize the above named hospital to release the medical information to my insurance company for the services rendered this date _____.

SIGNED

ASSIGNMENT OF INSURANCE BENEFITS - I hereby authorize payment directly to the above named hospital for benefits herein specified and otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand that these benefits will be applied to these charges and any other balance due the hospital. I also understand that a COPY of this authorization is as valid as the original. Date _____

SIGNATURE

DATE 12